

OUTREACH COMPETENCIES

Minimum Standards for
Conducting Street Outreach
for Hard-to-Reach Populations



Contents

Introduction	3
Advisory Board Member	4
Competency 1 <i>Understanding Outreach and Outreach in a Scientific Context</i>	5
Competency 2 <i>Understanding Chemical Dependency</i>	7
Competency 3 <i>Understanding Disease and Wellness in the Context of Drug Use</i> ...	9
Competency 4 <i>Engagement</i>	12
Competency 5 <i>Intervention</i>	16
Competency 6 <i>Client Support</i>	22
Competency 7 <i>Supporting Ourselves</i>	23
Outreach Worker “Do’s and Don’ts”	25
Related Links	27

Introduction

The Center for HIV, Hepatitis, and Addiction Training and Technology (CHHATT), managed by the DC/Delaware ATTTC, met with outreach workers in Washington, D.C. and Wilmington, Delaware to identify strategies on how to improve the field of outreach. Outreach is an essential component of prevention efforts to out-of-treatment drug users and other hard-to-reach populations.

Over a 2-year period, focus groups were conducted in Wilmington and the District of Columbia to elicit the opinions and concerns of outreach workers. Many issues were raised during these discussions, but the major issue centered on the inconsistency of training for outreach workers. As a result, some outreach workers received adequate training, whereas others received minimal or no training. To address this problem, the CHHATT formed the National Advisory Board for Outreach Standards (NABOS), which included representatives from community-based organizations, research universities, and consulting organizations.

The purpose of the NABOS was to assist in the development of an outline of the minimal competencies for the training of outreach workers. As a model for the outline, we used the Center for Substance Abuse Treatment's, Technical Assistance Publication, Series Number 21, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. It is our hope that this NABOS competencies document will assist organizations that have outreach workers to provide the training needed to conduct street outreach to hard-to-reach populations.

This document is not intended to be a curriculum that must be followed in a specific sequence. Instead, it identifies the knowledge, skills, and attitudes that could serve as outcomes toward which curricula might aim. Educators and curriculum developers can build resources, curricula, and training packages based on the competencies. The purpose of the *Outreach Competencies* is to promote and guide the professionalization of the field of outreach work through consistent training, certification, and job development.

This has been a collaborative effort in which feedback, input, and suggestions were valued and appreciated. This work is the result of the active participation of all the members of the NABOS. A special thanks goes to Dwight Clark, who served as the National Outreach Coordinator for the CHHATT, and who was the guiding force in the creation of the competencies.

Advisory Board Members 2000-2001

Andrea Barthwell, MD
Encounter Medical Group

Robert Booth, PhD
University of Colorado

Dwight Clark
Danya International, Inc.

Thomas Eads
Institute for Community
Health Outreach

Jason Farrell
Positive Health Project

Glen Fisher
Management Assistance
Corporation

Brigitte Finkelstein
Centers for Disease Control
and Prevention

Warren Hewitt
Center for Substance
Abuse Treatment

James Harrison
Brandywine Counseling

Steve Gallon, PhD
Northwest Frontier ATTC

Judy Leahy
Project Inform

Sandra McDonald
Outreach, Inc.

Patricia Norman
Institute for Community
Health Outreach

Dan Rawlins
Texas Commission on
Alcohol and Drug Abuse

Joey Tranchina
HCV Global Foundation

Evelyn Tomaszewski
National Association of Social
Workers

Jeffrey Hoffman, PhD
Danya International, Inc.

Hendi Crosby Kowal, MPH
Danya International, Inc.

Understanding Outreach and Outreach in a Scientific Context

Outreach is the provision of health-related information and services to a target population that has traditionally been underserved and uninsured. Outreach is a strategy for bringing services to where a group resides and works. Outreach is not a new strategy. It is a strategy that follows early public health edicts of health professionals canvassing a community and offering health information and treatment to members of that community. The success of outreach has been associated with the hiring and training of individuals who are indigenous to the community. By using indigenous workers, a program can receive instant credibility with and access to a community that has traditionally been reluctant to receive information from outsiders. This is especially true for the pandemics of HIV/AIDS and hepatitis C affecting injection drug users. From a research perspective, having access to substance users has created an enormous opportunity for behavioral scientists to observe drug users' culture and social norms, enabling social scientists to collect quantitative and ethnographic data.

I. RESEARCH PROTOCOLS

Research protocols are established rules and procedures that must be adhered to while collecting valid data for social science research.

Knowledge

- Understand the importance of following protocols to best serve clients and not compromise the scientific integrity of the work;
- Understand basic research terminology related to outreach activities (such as baseline, followup, data, instrumentation, analysis, and intervention).

Skills

- Be able to explain to clients and participants in simple language what research is being conducted and why;
- Successfully implement a standardized protocol, including risk assessment, intervention, and followup;
- Conduct data entry.

Attitudes

- Appreciate the link between collecting accurate information and being able to learn how best to serve populations at risk.

II. BEHAVIORAL SCIENCE THEORIES

Behavioral science theories are used to help predict and explain people's actions and the motivations underlying those actions. There are numerous theories, such as the Health Belief Model, Social Learning Theory, and the Stages of Change Model. These theories are often used in research to help ask questions, design interventions, frame the research activities being conducted, and evaluate their outcome measures.

Knowledge

- Understand why theories are useful in research;
- Understand several behavioral science theories, such as the Health Belief Model, the Social Learning Theory, and the Stages of Change Model.

Skills

- Be able to apply theory to outreach work.

Attitudes

- Appreciate the way in which behavioral theory can assist the outreach worker in better conducting his or her work.

Understanding Chemical Dependency

Chemical dependency or addiction is the overpowering physical or emotional urge to continue substance use despite adverse consequences. There is an increase in tolerance for the substance, and withdrawal symptoms sometimes occur if the substance is discontinued; substance use has become the central focus of life.

I. SUBSTANCE USE VERSUS SUBSTANCE ABUSE

The scientific and theoretical basis of models of addiction come from medicine, psychology, sociology, religious studies, and other disciplines.

Knowledge

- Understand a variety of models and theories of addiction and other problems related to substance use and substance abuse.

Skills

- Be able to use terms and concepts related to theory, research, and practice.

Attitudes

- Appreciate the complexity inherent in understanding addiction;
- Acknowledge that every addicted individual has a unique situation, history, motivation, and potential strategy for leading a safer life.

II. PHARMACOLOGY

The major psychoactive substances of abuse are:

- Stimulants
- Depressants
- Opioids

Knowledge

- Understand fundamental concepts of pharmacological properties and the effects of all psychoactive substances.

Skills

- Be able to describe the behavioral, psychological, physical, and social effects of psychoactive substances on the user and significant others.

Attitudes

- Develop an interest in scientific research findings about various classes of drugs.

III. TREATMENTS

Options for substance abuse treatment include:

- Inpatient
- Outpatient
- Outpatient Drug Free

Knowledge

- Understand the philosophy, practices, policies, and outcomes of the most generally accepted models of treatment.

Skills

- Be able to describe the philosophies, practices, policies, and outcomes of the most generally accepted and scientifically supported models of treatment, recovery, relapse prevention, and continuing care for addiction and other substance-related problems in ways the client can relate to and understand.

Attitudes

- Accept the validity of a variety of different treatment approaches and models.

Understanding Disease and Wellness in the Context of Drug Use

Outreach workers should know that several harmful conditions can affect the mind and body and are directly related to use of alcohol or other drugs. Outreach workers should know about addiction-related diseases and their risk factors, including the recognition of the signs and symptoms of infectious diseases to make the appropriate referrals to medical treatment.

I. HIV/AIDS

It is important to understand how HIV/AIDS infects substance users through unsafe injection practices and through unsafe contact with sexual partners. This knowledge can be used to educate and refer at-risk individuals to the appropriate health professionals.

Knowledge

- Understand the epidemiology of the infectious disease;
- Understand the role of substance use in transmission and progression of disease;
- Understand the role of substance abuse treatment in addressing disease and wellness.

Skills

- Be able to describe risk factors to clients;
- Be able to describe risk reduction information to clients;
- Be able to describe symptoms and basic disease-related information to clients.

Attitudes

- Appreciate the variance in cultural beliefs and values that may influence health practices.

II. HEPATITIS

It is important to understand how hepatitis B and C infect substance users through unsafe injection practices and unsafe contact with sexual partners. This knowledge can be used to educate and refer at-risk individuals to the appropriate medical professionals.

Knowledge

- Understand the epidemiology of infectious diseases;
- Understand the role of substance use in the transmission and progression of disease;
- Understand the role of substance abuse treatment in addressing disease and wellness.

Skills

- Be able to describe risk factors to clients;
- Be able to describe risk reduction information to clients;
- Be able to describe symptoms and basic disease-related information to clients.

Attitudes

- Appreciate the variance in cultural beliefs and values that may influence health practices.

III. TUBERCULOSIS

It is important to understand how tuberculosis infects substance users through close contact with infected individuals. This knowledge can be used to educate and refer at-risk individuals to the appropriate medical professionals.

Knowledge

- Understand the epidemiology of infectious diseases;
- Understand the role of substance use in the transmission and progression of disease;
- Understand the role of substance abuse treatment in addressing disease and wellness.

Skills

- Be able to describe risk factors to clients;
- Be able to describe risk reduction information to clients;
- Be able to describe symptoms and basic disease-related information to clients.

Attitudes

- Appreciate the variance in cultural beliefs and values that may influence health practices.

Engagement

Engagement entails a client and outreach worker participating in an activity that involves a positive interaction, whereby the client is made to feel as comfortable as possible while listening to and speaking with the outreach worker. Engagement involves identifying and making contact with members of the target group in their natural environments, establishing rapport, enlisting commitment to behavior change, and providing information about risk behaviors and strategies to eliminate or reduce risk.

I. RECRUITMENT STRATEGIES

Outreach workers can use innovative methods to gain access to the target populations. It begins the process of regular and ongoing outreach to a particular group.

Knowledge

- Understand approaches to outreach that have been found to be effective with hard-to-reach populations (such as injection drug users, commercial sex workers, and homeless substance users);
- Understand the philosophy and history of outreach and its role in preventing disease transmission, increasing access to services, reducing risk behaviors, and supporting and facilitating mental health and substance abuse treatment;
- Understand the role of the outreach worker;
- Understand the active substance abuser's social and life circumstances.

Skills

- Be able to conduct street outreach to individuals;
- Be able to conduct group presentations to organizations;
- Be able to conduct community outreach;
- Be able to demonstrate empathic understanding;

- Be able to engage in coaching, mentoring, and teaching techniques relative to the promotion and maintenance of health;
- Develop leadership and facilitation methods appropriate for group presentations.

Attitudes

- Develop respect for the client;
- Recognize the importance of cooperation and collaboration with the client;
- Maintain professional objectivity;
- Recognize personal and professional limitations;
- Maintain nonjudgmental attitudes and behaviors;
- Appreciate the role and power of the group facilitator;
- Build trust within the community.

II. CULTURAL SENSITIVITY

Cultural sensitivity is a set of attitudes, practices, or policies that respect—rather than merely show—receptivity to different cultures of people. This includes a thorough knowledge of a particular group’s values, norms, mores, traditions, customs, arts, history, folklore, and institutions.

Knowledge

- Understand cultural factors affecting responsiveness to varying outreach strategies;
- Understand clients’ cultural norms, biases, and preferences;
- Know and understand the impact that cultural norms can have on clients’ decision-making processes.

Skills

- Be able to adapt outreach strategies to unique client characteristics and circumstances;

Attitudes

- Develop the willingness to be flexible in meeting clients' needs;
- Develop a nonjudgmental and respectful acceptance of cultural, behavioral, and value differences.

III. SAFETY AND AWARENESS OF ENVIRONMENT

Personal and group safety are paramount for any action, reaction, or movement when performing outreach to any populations.

Knowledge

- Understand street outreach tactics (such as working in pairs and interviewing using the third person);
- Understand the “Do’s and Don’ts” of outreach work (such as informing the appropriate people of your whereabouts and not getting personally involved with clients);
- Understand emergency protocols for outreach workers.

Skills

- Be able to successfully canvass a target area (mapping);
- Be able to conduct a neighborhood needs assessment;
- Be able to implement various outreach strategies to a particular group or individual;
- Be able to work as a team, especially for self-protection;
- Be able to develop a plan of action for handling emergencies.

Attitudes

- Develop an open-mindedness to gender and cultural issues;
- Appreciate various outreach strategies;
- Develop patience and perseverance;
- Acknowledge the need for self-protection;
- Be able to use cultural communication skills.

IV. EFFECTIVE COMMUNICATION

The outreach worker staff should reflect the ethnic, gender, and cultural diversity of the drug users targeted for the intervention. When appropriate, the outreach worker staff should include individuals who are bilingual and bicultural. Overcoming language barriers is particularly important in reinforcing prevention messages and helping to prevent relapse to drug use and the abandonment of risk-reduction efforts.

Knowledge

- Understand interviewing techniques, such as motivational interviewing and interviewing using open-ended questions;
- Understand counseling strategies that promote and support successful client engagement, such as the use of open-ended questions.

Skills

- Be able to implement appropriate engagement and interviewing approaches;
- Be able to demonstrate clear and concise written and verbal communication;
- Be able to participate in negotiation, advocacy, and problem solving.

Attitudes

- Develop respect for the contribution of clients and significant others;
- Develop the willingness to collaborate.

Intervention

The outreach worker actively works with the client to reduce the harmful effects of the client's behaviors.

I. HEALTH INFORMATION AND DEMONSTRATION

Providing clients with information on healthy life alternatives is important, especially visual tools to help reinforce positive messages.

Knowledge

- Understand normal human growth and development;
- Understand the appropriate strategies for risk reduction (for example, understand the correct procedure for cleaning syringes or the proper way to use a condom);
- Understand effective approaches for conveying prevention and risk-reduction messages.

Skills

- Be able to convey information about the behavioral, psychological, social, and health effects of diseases;
- Be able to explain information at a level appropriate to the client's understanding;
- Be able to correctly demonstrate risk-reduction strategies, such as cleaning needles and using condoms.

Attitudes

- Value diverse concepts, models, and theories;
- Develop a willingness to work at the client's level;
- Develop an appreciation for incremental changes.

II. RISK ASSESSMENT

Risk assessment is an ongoing process through which the outreach worker collaborates with the client to determine what that client is doing or has done to put himself or herself at risk, as well as what motivates the risk-taking behavior.

Knowledge

- Understand risk assessment and its role in behavior change;
- Understand the importance of the ongoing assessment process;
- Understand current and validated assessment instruments and their subscales.

Skills

- Be able to administer appropriate assessment instruments within the outreach worker's scope of practice.

Attitudes

- Develop a respect for the value of assessment in determining risk-reduction strategies;
- Develop an awareness of the sensitivity needed to assess risk behaviors and of possible emotional effects on the client;
- Develop an understanding of the ways in which clients may feel uncomfortable divulging their risk behavior.

III. RISK REDUCTION

Risk reduction involves a collaborative process through which the outreach worker and client identify risk behaviors and develop strategies to achieve healthy alternatives.

Knowledge

- Understand motivation and the motivating factors underlying behavior and behavior change, such as social support, access to resources, and confidence in one's ability to change and act;
- Understand the levels of risk (such as behaviors that are entirely safe versus behaviors that are relatively safe).

Skills

- Be able to work with clients of different age, gender, and cultural and ethnic backgrounds;
- Be able to help clients identify their risk behaviors and develop a strategy to reduce them that is realistic and self-motivated;
- Be able to identify, suggest, and support safer goal behaviors.

Attitudes

- Appreciate the strengths and limitations of the client;
- Appreciate the limitations of an outside party to change others' behaviors or attitudes;
- Develop a comfort with the concepts of risk reduction.

IV. PREVENTION AND POSTTEST COUNSELING

The outreach worker is responsible for providing detailed information about the test performed (such as HIV antibody), the meaning of test results, and available treatment options.

Knowledge

- Understand information about laboratory testing and results;
- Understand information about the ways that infectious diseases are transmitted and prevented;
- Understand public health concepts, research, and methods;

- Know the range of support groups and health providers that can assist people who receive “positive” results;
- Obtain comprehensive contact information to ensure that clients obtain results.

Skills

- Be sensitive when discussing the issue of testing;
- Demonstrate cultural competence in discussing sexuality.

Attitudes

- Develop an openness to discussions about health issues, lifestyle, and sexuality;
- Develop the ability to be nonjudgmental about clients’ choices, reactions, or denial.

V. CRISIS INTERVENTION

The appropriate response is critical in situations where harm might occur to the client (suicide) or to another person (homicide).

Knowledge

- Understand the differences between crisis intervention and other kinds of therapeutic interventions;
- Understand the legal obligation of the duty-to-warn laws.

Skills

- Be able to assess for immediate concerns regarding safety and any potential harm to others;
- Be able to carry out crisis resolution steps.

Attitudes

- Recognize personal and professional limitations;
- Develop the capacity to be nonjudgmental in the context of assessing and resolving a crisis.

VI. CONFIDENTIALITY AND ETHICS

An outreach worker is obligated to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

Knowledge

- Understand the importance of maintaining confidentiality to establish and maintain rapport with a client;
- Understand the local, State, and Federal laws regarding outreach in a public health environment (for example, understanding the legal issues concerning syringe exchange and the laws concerning condom distribution in schools);
- Understand how to apply appropriate confidentiality regulations;
- Understand the legal ramifications for outreach workers for noncompliance with confidentiality regulations.

Skills

- Be able to make ethical decisions that reflect unique needs and situations;
- Be able to maintain confidentiality in public or semi-public encounters;
- Be able to explain confidentiality to clients.

Attitudes

- Develop an awareness of, and respect for, the client's right to confidentiality and privacy;
- Develop a willingness to learn appropriate application of Federal, State, and agency guidelines;
- Develop an awareness of one's own moral beliefs and the importance of putting judgement of others aside to best achieve goals.

VII. LAWS AND REGULATIONS

There are guidelines that govern the way health education and promotion activities are conducted in a particular area.

Knowledge

- Develop a familiarity with confidentiality laws;
- Develop a familiarity with duty-to-warn laws;
- Develop a familiarity with local, State, and Federal laws.

Skills

- Be able to assess and act on issues of confidentiality and other laws regarding the well-being of clients and communities;
- Be able to assess for immediate concerns regarding safety and any potential harm to others.

Attitudes

- Recognize personal and professional limitations.

Client Support

Client support is the process of facilitating the client's utilization of available support systems and community resources to meet individual needs.

I. REFERRALS FOR SERVICES

It is important to establish and maintain relationships with social service organizations to ensure appropriate referrals and help address unmet needs.

Knowledge

- Understand the mission, function, resources, and quality of services offered by community organizations;
- Understand the criteria for receiving services;
- Understand the difference between active and passive referral.

Skills

- Be able to establish a referral network;
- Be able to advocate for clients;
- Be able to make appropriate referrals as necessary;
- Be able to conduct referral followups.

Attitudes

- Develop an open-mindedness to work on and eliminate stress;
- Create an atmosphere that promotes health.

Supporting Ourselves

An outreach worker must develop and utilize strategies to maintain his or her own physical and mental health.

I. BURNOUT PREVENTION

There are numerous strategies that may help the outreach worker handle stress.

Knowledge

- Recognize those aspects of the profession that can contribute to excessive stress;
- Understand the difference between burnout and depression;
- Understand strategies for reducing burnout (such as job diversity, regular staff support meetings, and ongoing training).

Skills

- Be able to identify burnout;
- Be able to seek help from supervisors, coworkers, and outside support systems when stress and burnout begin to increase.

Attitudes

- Develop an open-mindedness to work on and eliminate stress;
- Create an atmosphere that promotes health.

II. RELAPSE PREVENTION

To prevent a return to substance abuse, the outreach worker must understand and identify early the warning signs of relapse.

Knowledge

- Understand the warning signs of relapse;
- Understand the disease of addiction;
- Understand available treatment programs.

Skills

- Be able to conduct a substance abuse intervention with a coworker;
- Be able to assess the most appropriate support group with which to work.

Attitudes

- Develop open-mindedness and empathy;
- Develop patience and perseverance.



Outreach Worker “Do’s and Don’ts”

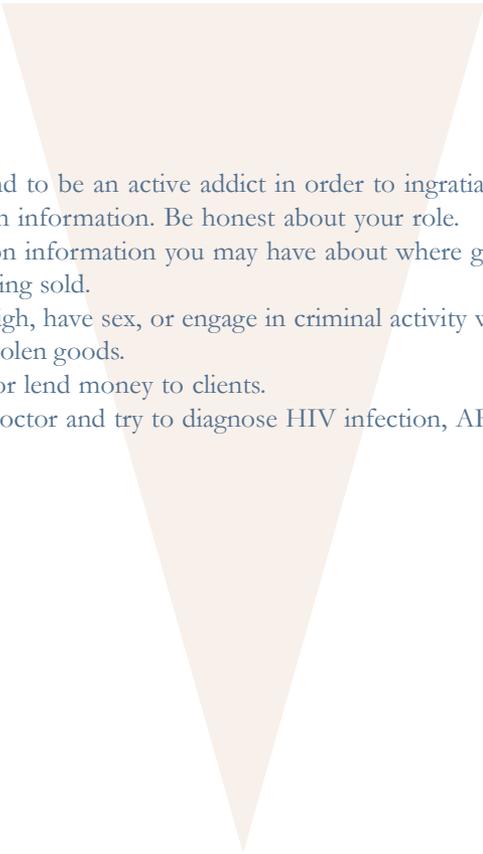
One of the core competencies for training is engagement, or the creation of a positive interaction between the outreach worker and the client. Properly engaging clients requires that the outreach worker be aware of the environment and assess the safety of his/her surroundings. The checklist of Outreach “Do’s and Don’ts” is not meant to be a comprehensive list of safety procedures for outreach workers, but rather a useful reminder.

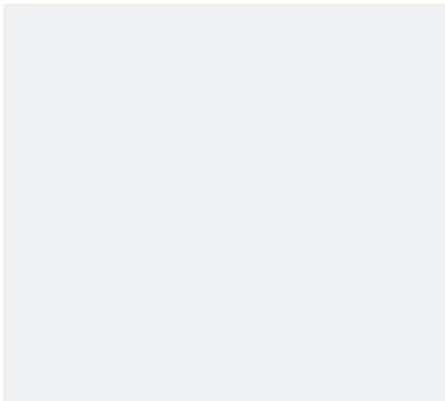
Do these:

- Canvass and evaluate areas of high drug trafficking and intense drug activity.
- Be flexible in scheduling your outreach to contact as many people as possible.
- Establish contact with the police in all areas where you conduct outreach.
- Carry identification at all times.
- Always notify someone where you are or will be at all times.
- Always work with a partner and be aware of your surroundings.
- Be aware of your demeanor and how your partner is feeling as well.
- Have a contingency plan for emergencies and dangerous situations.
- Learn to recognize some of the characteristics and behaviors of addicts.
- Know when it is appropriate to engage with a client and when it is not.

Don’t do these:

- Wear expensive clothes, uncomfortable shoes, or jewelry.
- Carry valuables and large amounts of money or take your wallet out.
- Carry any kind of weapon.
- Carry, hold, handle, or sample any kind of controlled substance or drug paraphernalia.

- 
- Pretend to be an active addict in order to ingratiate yourself or gain information. Be honest about your role.
 - Pass on information you may have about where good drugs are being sold.
 - Get high, have sex, or engage in criminal activity with clients.
 - Buy stolen goods.
 - Give or lend money to clients.
 - Play doctor and try to diagnose HIV infection, ARC, or AIDS.



Related Links:

- ATTC National Office www.nattc.org
- Center for Alcohol and Addiction Studies
<http://center.butler.brown.edu>
- Centers for Disease Control and Prevention www.cdc.gov
- Join Together Online www.jointogether.org
- National Clearinghouse for Alcohol and Drug Information
www.health.org
- National Institute on Alcohol Abuse and Alcoholism
www.niaaa.nih.gov
- National Institute on Drug Abuse www.nida.nih.gov
- National Institutes of Health www.nih.gov
- Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Danya International, Inc.
8737 Colesville Road, Suite 1200
Silver Spring, Maryland 20910
Telephone: (301) 565-2142
www.danya.com

Central East ATTC/Danya Institute, Inc.
8737 Colesville Road, Suite 300
Silver Spring, Maryland 20910-3921
Telephone: (240) 645-1145
www.ceattc.org and www.danyainstitute.org